

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

ALEISHA M. H.,

Plaintiff,

v.

COMMISSIONER OF SOCIAL
SECURITY,

Defendant.

CASE NO. 3:25-CV-5058-DWC

ORDER RE: SOCIAL SECURITY
DISABILITY APPEAL

Plaintiff filed this action, pursuant to 42 U.S.C. § 405(g), for judicial review of the denial of her applications for Supplemental Security Income (SSI) benefits and Disability Insurance Benefits (DIB). Pursuant to 28 U.S.C. § 636(c), Fed. R. Civ. P. 73, and Local Rule MJR 13, the parties have consented to proceed before the undersigned. After considering the record, the Court concludes that this matter must be reversed and remanded pursuant to sentence four of 42 U.S.C. § 405(g) for further proceedings consistent with this Order.

I. BACKGROUND

Plaintiff applied for SSI and DIB on April 25, 2022. Administrative Record (AR) 30. Her alleged date of disability onset is November 17, 2020. *Id.* Her requested hearing was held before

1 an Administrative Law Judge (ALJ) on February 1, 2024. AR 106–47. On February 23, 2024, the
2 ALJ issued a written decision finding Plaintiff not disabled. AR 27–51. The Appeals Council
3 declined Plaintiff’s timely request for review, making the ALJ’s decision the final agency action
4 subject to judicial review. AR 1–7. Plaintiff filed a Complaint in this Court seeking judicial
5 review of the ALJ’s decision on January 27, 2025. Dkt. 5.

6 **II. STANDARD**

7 Pursuant to 42 U.S.C. § 405(g), this Court may set aside the Commissioner’s denial of
8 benefits if, and only if, the ALJ’s findings are based on legal error or not supported by
9 substantial evidence in the record as a whole. *Bayliss v. Barnhart*, 427 F.3d 1211, 1214 n.1 (9th
10 Cir. 2005) (citing *Tidwell v. Apfel*, 161 F.3d 599, 601 (9th Cir. 1999)).

11 **III. DISCUSSION**

12 In her opening brief, Plaintiff argues the ALJ erred in (1) considering the medical opinion
13 evidence, (2) assessing her subjective symptom testimony, (3) considering two lay witness
14 statements, and (4) formulating the RFC. *See* Dkt. 12.

15 **A. Medical Opinion Evidence**

16 Plaintiff argues the ALJ erred in assessing the medical opinions of Terilee Wingate, PhD;
17 Gary Sacks, PhD; and state agency consultants John Gilbert, PhD, and Matthew C.,¹ PsyD. Dkt.
18 12 at 3–11. She also argues the ALJ erred in failing to articulate reasons for rejecting the
19 observations of Plaintiff’s case manager (AR 430–36) and addiction counselor (AR 439–45). *Id.*
20 at 9–10. Finally, she contends two medical opinions (AR 8–14, 23–26) submitted to the Appeals
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23 ¹ Dr. C. is referred to only by his first name and last initial in the ALJ’s decision and in his medical opinion. *See* AR
24 43, 175, 178, 188, 191.

1 Council after the ALJ's decision render the ALJ's decision unsupported by substantial evidence.
2 *Id.* at 11–12.

3 For applications, like Plaintiff's, filed after March 27, 2017, ALJs need not “defer or give
4 any specific evidentiary weight, including controlling weight, to” particular medical opinions,
5 including those of treating or examining sources. *See* 20 C.F.R. §§ 404.1520c(a), 416.920c(a).
6 Rather, ALJs must consider every medical opinion in the record and evaluate each opinion's
7 persuasiveness, considering each opinion's “supportability” and “consistency,” and, under some
8 circumstances, other factors. *Woods v. Kijakazi*, 32 F.4th 785, 791 (9th Cir. 2022); 20 C.F.R. §§
9 404.1520c(b)–(c), 416.920c(b)–(c). Supportability concerns how a medical source supports a
10 medical opinion with relevant evidence, while consistency concerns how a medical opinion is
11 consistent with other evidence from medical and nonmedical sources. 20 C.F.R. §§
12 404.1520c(c)(1), (c)(2); 416.920c(c)(1), (c)(2).

13 1. Dr. Wingate

14 Examining consultant Dr. Wingate completed opinions in April 2022 and January 2024.
15 AR 764–69, 1122–26. In both opinions, she opined Plaintiff had marked limitations in her
16 abilities to perform activities within a schedule, maintain attendance, and be punctual;
17 communicate and perform effectively; maintain appropriate behavior; and complete a normal
18 workday and workweek without psychological interruptions. AR 767, 1125. She opined these
19 limitations would persist after 60 days of sobriety. AR 767, 1125.

20 The ALJ found Dr. Wingate's opinion unpersuasive for two reasons. First, the ALJ found
21 the opinion unsupported by Dr. Wingate's examination, which revealed normal results in
22 Plaintiff's thought process, orientation, memory, fund of knowledge, and judgment. AR 41.
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1 However, Dr. Wingate also provided detailed descriptions of her clinical interview of
2 Plaintiff, along with clinical findings. *See* AR 764–66, 1122–24. She described Plaintiff’s
3 familial psychosocial history, including her history of childhood abuse; her history of flashbacks;
4 past suicide attempts; symptoms of mania and anxiety, which inhibit judgment and sometimes
5 manifest physically; and emotional lability and anger issues. *See* AR 764–66, 1122–24. She also
6 noted anxiety and depression index scores that were in the severe range. AR 1124. And her
7 examination noted abnormal mood and affect. AR 768, 1126.

8 The ALJ erred by failing to consider the remainder of Dr. Wingate’s opinion in
9 determining the extent to which it was supported. The Court cannot discern, and the ALJ did not
10 explain, why the mental status results were more probative as to Plaintiff’s behavioral
11 functioning, ability to attend work, and likelihood of psychological interruptions, than were the
12 remainder of the objective evidence and explanations Dr. Wingate provided. *See Ghanim v.*
13 *Colvin*, 763 F.3d 1154, 1164 (9th Cir. 2014) (ALJ errs by cherry-picking favorable evidence
14 while ignoring unfavorable evidence); *see also Buck v. Berryhill*, 869 F.3d 1040, 1049 (9th Cir.
15 2017) (clinical interview is “objective measure[.]”). The ALJ’s supportability finding was
16 therefore deficient.

17 Second, the ALJ found Dr. Wingate’s opinion inconsistent with Plaintiff’s activities of
18 daily living. AR 41. Elsewhere, the ALJ noted Plaintiff was able to care for her hygiene, prepare
19 meals, perform chores, use a computer, and shop. AR 40. The ALJ did not discuss how these
20 activities involve the sort of schedule expectations of a workplace environment, so they do not
21 necessarily show Plaintiff can consistently attend work, be punctual, or complete a workweek
22 without interruptions. Further, the record does not reflect how these activities require the sorts of
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1 behavioral expectations of a workplace environment. Thus, the ALJ has not shown why they are
2 inconsistent with Dr. Wingate's opinion.

3 The ALJ therefore failed to provide adequate reasons for rejecting Dr. Wingate's opinion.
4 Because Dr. Wingate's opinion suggests Plaintiff would be more limited than the ALJ found she
5 was, this error is not harmless and requires reversal. *See Stout v. Comm'r, Soc. Sec. Admin.*, 454
6 F.3d 1050, 1056 (9th Cir. 2006).

7 2. State Agency Consultants

8 Plaintiff contends the ALJ erred in finding persuasive the opinions of state agency
9 consultants Drs. C. and Gilbert because the findings and opinions of other sources showed
10 Plaintiff was more limited than the consultants opined. Dkt. 12 at 11. This, however, is
11 insufficient to establish error. *See Andrews v. Shalala*, 53 F.3d 1035, 1041 (9th Cir. 1995)
12 ("[T]he report of a nonexamining, nontreating physician need not be discounted when it is not
13 contradicted by *all other evidence* in the record.") (quotation omitted, emphasis in original).

14 Plaintiff also argues the ALJ failed to account for some of the limitations opined by the
15 consultants in the RFC. Dkt. 12 at 11. The Court agrees. The ALJ failed to account for two
16 limitations opined by the consultants. First, both sources opined Plaintiff "will have occasional
17 difficulties with adapting to change, but will be able to adapt to normal, routine changes in a
18 competitive workplace within normal tolerances." AR 154, 178. Second, both sources opined
19 Plaintiff "retains the capacity to carry out simple 1-3 step instructions." AR 153, 177. The RFC,
20 however, did not include limitations related to Plaintiff's ability to adapt to changes (despite the
21 consultants' opinion that Plaintiff could only adapt to normal and routine changes)² and did not
22 limit Plaintiff to performing only tasks with instructions of three or fewer steps. *See* AR 35.

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24 ² Although the RFC limited Plaintiff to performing only routine tasks, a limitation related to the sorts of tasks
Plaintiff might perform does not also limit the sorts of changes Plaintiff would encounter. *Cf. Stiffler v. O'Malley*,

1 “If the RFC assessment conflicts with an opinion from a medical source, the adjudicator
2 must explain why the opinion was not adopted.” SSR 96-8p. The ALJ did not explain that either
3 opinion was not adopted; therefore, the ALJ erred in failing to adopt the limitations opined by
4 the medical sources.

5 **B. Remaining Issues**

6 Having found the ALJ erred in assessing the medical opinion evidence and that this error
7 requires reversal, the Court declines to reach Plaintiff’s remaining arguments. Rather, on remand,
8 the ALJ shall reassess the evidence of record, including the medical opinion evidence, and, if
9 appropriate, should reassess the RFC and his findings at steps four and five of the sequential
10 evaluation process.

11 **IV. CONCLUSION**

12 For the foregoing reasons, the Court **REVERSES** and **REMANDS** the decision pursuant
13 to sentence four of 42 U.S.C. § 405(g) for further administrative proceedings consistent with this
14 Order.

15 Dated this 22nd day of July, 2025.

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17 David W. Christel
18 United States Magistrate Judge
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23 102 F.4th 1102, 1109–10 (9th Cir. 2024) (limitation concerning frequency of changes in workplace environment
24 “concerns broader revisions to the workplace environment” which “are distinct from ‘situational variables’ in the
tasks being performed”).